

	<b>State of Alaska Department of Corrections Policies and Procedures</b>	<b>Index #:</b> 807.06	<b>Page 1 of 8</b>
		<b>Effective:</b>	<b>Reviewed:</b>
		<b>Distribution:</b>	<b>Due for Rev:</b>
	<b>Chapter:</b> Medical and Health Care Services		
	<b>Subject:</b> Health Care Record		

Authority

In accordance with AS 44.28.030, A.S 33.30.021, and 22 AAC 05.155, the Department of Corrections shall develop and adopt policies and procedures that are consistent with laws for the guidance, government and administration of correctional facilities, programs and field services.

Purpose

To establish procedures for recording, management and maintenance of prisoner health care records.

Application

To all employees.

Definitions

As used in this document, the following definitions shall apply:

A. Health Care Personnel:

The individuals responsible for medical and health care services in an institution; may be full time, part time or contractual employees; as defined and applied in 202.05, Medical Services Personnel.

B. Health Care Record:

An individual medical and health care record opened for each person remanded or committed to the custody of the Department, pre-trial, unsentenced or sentenced; to include all records pertaining to medical study or practice, based on active treatment and observation of a prisoner; a record separate from the prisoner case record opened and maintained in accordance with 602.01, Prisoner Case Record Management; a health care record for each individual prisoner which may be:

1. Open:

Individual health care record initiated when an individual is committed to, or otherwise comes under the jurisdiction of, the Department which remains active and available on-site for review so long as the individual subject of the record is under the health care responsibility of the department; as defined and applied in 602.01, Prisoner Case Record Management; the health care record repository is with the in-state institution having jurisdictions over the prisoner; or

2. Inactive:

Individual health care record which is an open file in accordance with 1. above except that the prisoner has been transferred to an out-of-state contract facility in accordance with 750.02, Out-of-State Transfers, and the health care record repository is with Central Classification; or the subject of the record is under community corrections supervision and the health care record repository is with Central Records in Juneau or the District Office having supervision jurisdiction; or

3. Closed:

Individual health care record that is closed and subject to storage by virtue of the jurisdiction of the Department ending and/or the subject of the record having satisfied all conditions of the jurisdiction; as defined and applied in 602.01, Prisoner Case Record

Subject: Health Care Record

Index #: 807.06

Page: 2 of 8

Management, and/or 603.01, Probation/Parole Case Record Management; the case record repository is with Central Records in Juneau.

### Policy

- A. A distinct Health Care Record will be maintained for each prisoner to accurately document all health care services provided, or not provided when refused, throughout a prisoner's entire period of incarceration. These records will be maintained in accordance with departmental policies relating to security and privacy and will be retained at the holding institution until a prisoner is released or transferred.
- B. All prisoner health care records are the property of the State. The information contained in the record is confidential in nature and will not be released outside the department without the specific approval of the individual concerned utilizing a properly executed release of information.
- C. Departmental health care personnel will ensure that all significant health care encounters with prisoners, including sick call appearances, are recorded within the Health Care Record. All entries in the Health Care Record will be entered in ink or typed and signed by appropriate health care personnel or treatment staff.
- D. Health care records from prior incarcerations will be retrieved from the Department's Central Records and incorporated into the open file when available and deemed appropriate by the Department Medical Officer.

### Procedures

#### A. Initiation of the Record:

1. Each Superintendent shall establish and monitor procedures to ensure that an individual health care record file is opened and maintained on each prisoner admitted to an institution. This record must contain all relevant documentation and information concerning the physical and mental health of the prisoner;
2. A prisoner health care record must be opened at the time of initial prisoner commitment. The designated institutional health care officer shall be responsible for maintaining the prisoner health care record. The health care file will be maintained at the holding institution;

#### 3. Health Care Record Folder:

- a. The authorized health care records file folder is an off-the-shelf, 6-Part Presstex type folder, letter size;
- b. The file folder will be labeled on the Tab with the prisoner's name (last name first) and date of birth; and
- c. All allergies will be noted on the front of the file folder using special labels.
4. The six sections of the health care record file folder will be distinguished as follows:
  - a. Section one - (Inside front cover) Medical history and physical examination records and associated papers to include, as appropriate:
    - (1) Form 20-807.14A, Health Screening;
    - (2) Form 20-807.148, Physical Examination/Health History;
    - (3) Form 20-807.06H, Release of Medical Information; and
    - (4) Form 20-807.088, Informed Waiver of Medical Treatment.
  - b. Section two - (Front of first fixed center leaf) Medical progress notes and health care problem list to include, as appropriate:



<b>Subject:</b> Health Care Record	<b>Index #:</b> 807.06	<b>Page:</b> 3 of 8
------------------------------------	------------------------	---------------------

- (1) Form 20-807.028, Prisoner Health Care Referral Authorization (when used for care other than dental);
- (2) Form 20-807.06A, Health Care Progress Notes; and
- (3) Form 20-807.068, Health Care Problem List.
- c. Section three - (Back of first fixed center leaf): Laboratory and x-ray reports to include Form 20-807.06C, Laboratory and X-Ray Reports.
- d. Section four - (Front of second fixed center leaf): Miscellaneous correspondence pertaining to medical problems, and miscellaneous medical forms, to include, as appropriate:
  - (1) Form 20-807.02A, Request Slip for Medical Care; (2) Form 20-807.08A, Informed Consent;
  - (2) Form 20-807.06F, Medical Record Transfer Receipt; and
  - (3) Form 20-807.06G, Health Care Record Extract
- e. Section five - (Back of second fixed center leaf): Mental health file to include separate Mental Health Progress Notes and related papers, to include, as appropriate:
  - (1) Form 20-807.060, Medical/Psychiatric Record Abstract;
  - (2) Form 20-807.10A, Forensic Services Consultation;
  - (3) Form 20-807.02B, Prisoner Health Care Referral Authorization (When used for psychiatric or psychological referral);
  - (4) Form 20-807.13B, Mental Health Treatment Plan; and (5) Form 20-807.13A, Guilty But Mentally Ill Alert.
- f. Section six - (Inside back cover) Dental history and dental treatment records to include, as appropriate:
  - (1) Form 20-807.02B, Prisoner Health Care Referral Authorization (when used for dental referral); (2) Form 20-807.12A, Dental Care History Questionnaire;
  - (2) Form 20-807.128, Dental Care Record;
  - (3) Form 20-807.12C, Dental Care Record Continuation; and
  - (4) Form 20-807.12D, Dental X-Ray Envelope.

5. Minimum Records Required:

Every prisoner will have a Health Care Record which will contain the following completed forms as a mandatory minimum:

- a. Form 20-807.14A, Health Screening;
- b. Form 20-807.148, Physical Examination/Health History;
- c. Form 20-807.06H, Release of Medical Information, to include a document describing any refusal to release information on the part of the prisoner;
- d. Form 20-807.12A, Dental Care History Questionnaire; and e. Form 20-807.12B, Dental Care Record.

B. Access and Confidentiality:

1. Access to Health Care Records:

- a. Routine access to health care records will be limited to those medical and correctional staff providing clinical services to the prisoner including institutional probation officers, psychological counselors, correctional officers whose duties are primarily counseling, unit managers, and contractual staff providing counseling



Subject: Health Care Record

Index #: 807.06

Page: 4 of 8

services. The Superintendent and/or Assistant Superintendent may access prisoner health care records at his or her discretion. Access will be provided to those Department staff performing an authorized grievance investigation which requires access to individual health care records;

- b. Access to health care information by employees or correctional staff who need to know in accordance with procedures established by the Superintendent and Departmental Policy will be through the use of an abstract process using form 20-807.06B, Medical/Psychiatric Records Abstract. However, when it is determined that the abstract does not include required information, the need-to-know staff as identified under a. above may review an individual prisoner health care record with health care personnel assistance in the medical records area. The record will not be removed from the health care unit without the authorization of the Department Medical Officer or designee;
- c. Access for classification and parole reviews will be accomplished using the Medical/Psychiatric Record Abstract (form 20-807.06D). Each prisoner subject to an inter-agency transfer, reclassification and/or parole action shall have his or her health care record reviewed and evaluated by a health care practitioner to assess the individual's health condition as may be affected by transfer and travel. Classification committees and Parole boards may request access to the original health care record through the Department Medical Officer when they have a need to know information above and beyond that contained in the Record Abstract or which may be gleaned through staff review as outlined under a. above;
- d. Prisoner health care records will not be released to individuals other than these authorized access under a., b. or c. above without the written authorization of the supervising physician, Superintendent and the subject prisoner. A health care practitioner may have access to a prisoner's case record in accordance with 602.01, Prisoner Case Record Management, and when the practitioner has reason to believe that the records contain information relevant to that prisoner's health care; and
- e. Under no circumstances will health care records be copied by anyone other than health care personnel. Routinely, abstracts will be made of the health care record in lieu of copying. All abstracts will be for official purposes and prepared using form 20-807.060, Medical/Psychiatric Records Abstract. All requests for abstracts must be made by or through authorized persons such as the Superintendent, Department Medical Officer, correction's staff preparing for a classification action in accordance with 735.03, Initial classification, or other formal needs assessment, or the Health Care Administrator.

## 2. Prisoner Access to Health Care Records:

- a. Each prisoner is authorized access to his or her records. Prisoners may review their individual health care records by request in accordance with 602.01, Prisoner Case Record Management. Any sensitive material that may be detrimental to rehabilitation or treatment progress such as psychiatric evaluations may be withheld from prisoner access;
- b. Prisoners will not be provided copies of their health care records while incarcerated unless they are acting as their own counsel and the medical records are necessary information relevant to the litigation;
- c. After release from Departmental jurisdiction, a former prisoner may have access to his or her closed health care record through the Deputy Commissioner having jurisdiction over the repository of the record. The documents contained in the closed health care record may be provided for viewing and/or photocopying except those



<b>Subject:</b> Health Care Record	<b>Index #:</b> 807.06	<b>Page:</b> 5 of 8
------------------------------------	------------------------	---------------------

the Deputy Commissioner or designee determines would result in substantial risk of reprisal or injury or would endanger the security of an institution; and

- d. The release of any part of a medical record requires a signed release by the prisoner. The costs for health care record access or reproduction of medical records will be borne by the requesting party.

C. Retention and Disposition of Health Care Records:

1. Responsibility:

Prisoner health care records are personal and confidential and are not to be made available to other than authorized personnel. Health Care records are the responsibility of the institutional health care personnel, who shall control access to these records;

2. Retention:

- a. All open health care records will be retained at the prisoner's institution of incarceration. When a prisoner is released from incarceration, or transferred to a contract facility, the health care record may remain active at the releasing or transferring institution for up to 90 days for on-going medical treatment documentation to be completed before the record is transmitted to the appropriate repository;
- b. After a prisoner's release without supervision to follow, the health care record will become closed and sent to the Department Central Records Section for retention. The closed file will remain in the records retention Central Records Unit with the prisoner's case record and other closed records as determined to be lawfully appropriate;
- c. The transfer of a prisoner to a contract facility or released to community corrections supervision will result in the health care record becoming inactive and, dependent upon the specific case status:
- (1) retained at the institution having jurisdiction over a prisoner placed in an in-state contract facility;
  - (2) Central Classification for prisoners placed outside Alaska; or
  - (3) Central Records for prisoners released to probation or parole supervision.
- d. In every case where a prisoner is released to Community Corrections Supervision on probation, parole or conditional commutation, a Medical/Psychiatric Records Abstract (form 20-807.068) will be prepared by health care personnel to be included in the case record materials sent to community corrections as part of the release preparation and process in accordance with 818.01, Prisoner Pre-Release Programming. If and/or when the assigned probation officer decides he or she needs the entire health care record, the record will be made available from its repository for review and return as is appropriate to the need; and
- e. All health care records retention will be in accordance with 602.01, Prisoner Case Record Management.

3. Active (open) Health Care Record Control:

- a. The health care records and forms will be placed in the prescribed folder and kept in a locked cabinet in the institutional medical area. This case record may only be removed from the medical area with the approval of the Superintendent or Department Medical Officer and when a prisoner is transferred to another correctional facility or health care facility, the prisoner is released and a change of record repository is indicated, or in response to a court order;



<b>Subject:</b> Health Care Record	<b>Index #:</b> 807.06	<b>Page:</b> 6 of 8
------------------------------------	------------------------	---------------------

- b. The Medical/Psychiatric Records Abstract (form 20-807.060) will be used to the maximum extent possible when providing authorized access to health care records and their contents;
- c. The control of health care records during transfer requires action specific to the particular type of transfer. These procedures are outlined under Section D. below; and
- d. When a health care record must be temporarily removed from the file cabinet, a sign-out card indicating date removed, employee name and reason for the removal will be prepared and maintained in the system in place of the health care record until the record is returned.

4. Inactive and Closed Health Care Record Control:

- a. All closed prisoner health care records will be forwarded to the Department's Central Records upon the prisoners release from Departmental jurisdiction or when no longer required for health care purposes;
- b. The inactive health care records for prisoners transferred to the Federal Bureau of Prisons, or out-of-state contract facilities will be forwarded to Central Classification where they will be retained with the prisoner case record until the prisoner is returned to Alaska or the case is otherwise closed;
- c. The inactive health care record for a prisoner released to probation or parole supervision will be forwarded to Central Records for retention and access until the subject is released from Department jurisdiction or the case is otherwise closed; and
- d. A prisoner's health care records will be updated coincident with any transfer and at the time of denomination as inactive or closed and prior to transmittal via accountable means in accordance with 602.01, Prisoner Case Record Management, to the appropriate repository.

D. Transfer of Health Care Records:

- 1. There are three types of transfer:
  - a. routine, those permanent in nature;
  - b. temporary, short term to meet operating or health care need with the prisoner to return to original facility; and
  - c. emergency, those necessary for emergent security, safety and health care needs.
- 2. Preparation and Transport of Records:
  - a. The Superintendent or designee will notify the institutional health care personnel of a transfer as soon as a time for the transfer has been established;
  - b. A records review will be accomplished by a health care practitioner. If there are any significant medical problems that should preclude transfer, they will be brought to the immediate attention of the Superintendent by the Institution Medical Officer or designee;
  - c. Health care personnel shall complete a Health Care Record Extract (form 20-807.06G) indicating the prisoner has or has not received medical clearance for transfer. The Extract for a prisoner who has been cleared for transfer will document the following elements and will serve as the medical record while the prisoner is in transit:
    - (1) Current medication; name, dosage and expiration date;
    - (2) Health care needs while in transit;
    - (3) Current medical problems; i.e., diabetes, epilepsy, etc.;



Subject: Health Care Record

Index #: 807.06

Page: 7 of 8

- (4) Medical care to be completed or continued at destination;
  - (5) Special diet specifications, if any, or indication of none;
  - (6) Mental health problems, especially suicidal tendencies, if any; and
  - (7) Handicaps requiring special procedures during transportation, if any, or indication of none.
- d. Once the health care record is reviewed and updated to coincide with the transfer, the record will be placed in a large manila envelope and sealed. The original of the Health Care Records Extract (form 20-807.06G) will be affixed to the outside of the envelope whenever the records are being transported with the prisoner. If the record is not transferred with the prisoner, the Health Care Records Extract (Form 20-807.06G) original will be carried by the transportation officer and a photocopy sent under separate cover with the health care record to the receiving facility. The person packaging the record for transfer in accordance with 602.01., Prisoner Case Record Management, will also prepare a Medical Records Transfer Receipt (form 20-807.06F) and affix appropriate copies to the envelope or shipping container;
  - e. The record to be transferred will normally be hand carried by the Prisoner Transportation Officer to the receiving facility with the prisoner. However, when the record is not hand carried, it must be transmitted by accountable means using certified mail or courier receipt in accordance with 602.01, Prisoner Case Record Management; and
  - f. When a health care record is received, the receiving health care personnel shall review the health care record and, if indicated, schedule a screening of the prisoner. See 807.14, Physical Examinations and Level of Screening, for health care status documentation during transfer.

### 3. Records transfer situations:

- a. For routine transfer to in-state facilities, the records will be processed as indicated under D.2 above. The transporting officer will hand carry the Health Care Record packet to the receiving facility;
- b. For emergency transfers, a Health Care Record Extract (form 20-807.06G) will be prepared, when and where possible, and carried by the transporting officer to the receiving facility. The Health Care Record will be sent to the receiving facility via certified mail or accountable handcarry in accordance with 602.01, Prisoner Case Record Management;
- c. For a temporary transfer, a Health Care Record Extract (Form 20-807.06G) will be prepared when considered necessary by health care personnel for prisoner health care purposes. The health care record will be held at the sending facility until the prisoner's status changes or until a health care need develops which requires the full contents of the health care record;
- d. For a prisoner transferring to the Federal Bureau of Prisons (FBP) or other out-of-state contract facility, a Health Care Record Extract (form 20-807.06G) will be sent with the prisoner to the receiving facility. The official health care record will be sent via certified mail or accountable hand-carry to Central Classification for retention with the inactive Prisoner Case Record until the prisoner returns to the state, is released, or the case is otherwise closed;
- e. For prisoners being released to community corrections supervision, an updated Medical/Psychiatric Records Abstract (form 20-807.060) will be prepared and sent to the appropriate probation office with the Prisoner Case Record in accordance with 602.01, Prisoner Case Record Management. The official health care record will be

<b>Subject:</b> Health Care Record	<b>Index #:</b> 807.06	<b>Page:</b> 8 of 8
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sent to the Department Central Records as described in accordance with 602.01, Prisoner Case Record Management, or sent to the assigned probation officer under the circumstances described in C.2. above;

- f. For furlough placement, a prisoner's health care record must be retained at the furloughing institution or sent to the institution designated to oversee the furlough and at which the prisoner will receive health care services. These records will be sent via certified mail or accountable hand carry; and
- g. For prisoners released without community corrections supervision to follow, the health care record will be updated, closed and sent to Central Records in Juneau for storage and retention in accordance with 602.01, Prisoner Case Record Management, and/or 603.01, Probation/Parole Case Record Management.

#### Implementation

This policy and procedure is effective as of the date signed by the Commissioner. The Superintendent of each facility shall incorporate the contents of this document into local policy and procedure within days. All local policies and procedures must conform to the contents of this document and any deviation from the contents of this document must be approved in writing by the Commissioner or designee.

12/15/86  
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DATE

*William W. Ladwig*  
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William W. Ladwig, Acting Commissioner  
Department of Corrections

Applicable forms:

807.02A  
807.02B  
807.06A-H  
807.08A & B  
807.10A  
807.12A-D  
807.13A & B  
807.14A & B